

## **Time Payment Application**

*The City of Las Vegas has established a Time Payment Installment Plan to assist you in paying off citation fines on a monthly plan without assessing additional late penalties or risking immobilization. Monthly installments must be paid on time, there is no grace period. Failure to maintain a current payment status will result in the removal of the tickets from the plan. Any penalties placed on hold will be re-assessed and further collection efforts will continue, up to and including placing the ticket with a Collection Agency, immobilization and/or tow.*

*Attached is a Payment Installment Application. Please complete the form in its entirety and bring it into the Parking Services Office to schedule your Installment Contract. A \$25 non-refundable set up fee along with this application and a copy of your ID is required at the time of submission.*

*If you wish to proceed with this application by mail, fax or scanning it to our office email, we will require the following items to be provided at the time of submission.*

- *Application completed and signed*
- *Copy of Driver's License*
- *Copy of Owner Authorization (\* only if you are not the registered owner)*
- *A check or money order payable to City of Las Vegas Parking for \$25.00. You may also contact our office and pay by phone after you have mailed, faxed or emailed this application.*

*If you need additional information, please call our office at 702-229-4700.*

*Submit via fax to: 702-382-2309*

*Submit via E-Mail: [parkingticket@lasvegasnevada.gov](mailto:parkingticket@lasvegasnevada.gov)*

# Time Payment Application

CITATION NUMBER(S): \_\_\_\_\_ LICENSE PLATE NUMBER: \_\_\_\_\_

## PERSONAL CONTACT INFORMATION

\*NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*CITY/STATE/ZIP: \_\_\_\_\_

\*TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

\*E-MAIL \_\_\_\_\_

☐

Yes, I agree to communication via e-mail

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ \* Include a copy of Driver's License

ARE YOU THE REGISTERED OWNER? (Circle one) : YES / NO / RENTAL

- IF NO, PLEASE PROVIDE RELATIONSHIP TO REGISTERED OWNER \_\_\_\_\_
- IF NO, IS THE REGISTERED OWNER AWARE YOU ARE SETTING UP A PAYMENT PLAN? \_\_\_\_\_
  - Requires **Declaration for RO Authorization** for Payment Installment Plan  
(Excluding Rental Companies)

## EMPLOYMENT INFORMATION

EMPLOYER: \_\_\_\_\_

EMPLOYER TELEPHONE NUMBER: \_\_\_\_\_

## ADDITIONAL CONTACT INFORMATION

\*NAME OF RELATIVE/ FRIEND NOT LIVING WITH YOU: \_\_\_\_\_

\*TELEPHONE NUMBER FOR RELATIVE/ FRIEND: \_\_\_\_\_

## PAYMENT INSTALLMENT PLAN REQUIREMENTS

The City of Las Vegas administratively offers this installment plan to allow you to pay your fine without incurring additional penalties. This installment plan may not exceed 8 months from the date of your citation and requires a minimum monthly payment of \$20 per month. This application will be reviewed for completeness and a contract will be drafted based on the requirements listed above. The signed contract must be received within 48 hours of receipt. A non-refundable \$25 set up fee is required with this application.

**\*Requested Due Date** \_\_\_\_\_<sup>th</sup> of the month. If no date is selected a random date within 30 days will be assigned.

# Time Payment Application

## **Declaration for Registered Owners Authorizing Representative to Sign for Time Payment Installment Plan**

**(Required if applicant is not the Registered Owner)**

I, \_\_\_\_\_ do hereby authorize  
(Registered Owner)

\_\_\_\_\_ to sign a Time Payment Installment Plan.  
(Authorized Representative)

Infraction Number (s) \_\_\_\_\_

Plate Number(s) \_\_\_\_\_

I understand that I am ultimately responsible for the citation(s) as the Legal Registered Owner of the vehicle.

I understand that if the Authorized Representative fails to complete the obligations of the Time Payment Installment Plan, the plan will be reversed and the fine will be due in full, including any such penalties that were placed on hold as a result of scheduling the Time Payment Plan.

I understand that if the Authorized Representative fails to complete the obligations of the Time Payment Installment Plan, I may not request a hearing in the future regarding any citation that was included in the Time Payment Installment Plan.

I understand and agree that, if necessary, due to the lack of timely payment, the City of Las Vegas can and will use their rights to pursue the balance through a Collection Agency incurring additional fees and if necessary file a civil judgment against me in the Las Vegas Municipal Court.

I understand that if a civil judgment is obtained, the City may seek and obtain a Writ of Execution against me. I understand that if a Writ of Execution is obtained, my wages and/or bank account may be garnished, liens may be put on my property, and my vehicle(s) may be towed or immobilized.

Knowing all of the above, I still wish the have the Authorized Representative act on my behalf to request a Time Payment Installment Plan on the above-described Notice of Infraction(s).

**(Registered Owner Initial)**

\*Registered Owner's Phone number \_\_\_\_\_ Alternate Number \_\_\_\_\_

\_\_\_\_\_  
**(Registered Owner - Please Print & Sign)**

\_\_\_\_\_  
**Date**

**\*Registered Owner(s) are required to provide a copy of their picture I.D. along with this signed form.**

**\*Business owned vehicles are required to supply an authorization on Company letterhead from the Owner/Manager of said vehicle. Please include a business card.**

**\*This form is required before the Authorized Representative can schedule a Time Payment Agreement.**